

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 04/29/03.

I. DISPUTE

Whether there should be additional reimbursement for DME for the date of service 01/20/03.

II. RATIONALE

The requestor submitted an EOB with the denial code of "1-No MAR. 2-The charge for this procedure exceeds the fee schedule or usual and customary allowance."

Rule 133.307(g)(3)(D) requires the requestor to discuss, demonstrate, and justify that the payment amount being sought is fair and reasonable. The requestor billed \$2,795.00 for DME E1399; the respondent reimbursed \$1,450.00 leaving a balance of \$1,345.00. The requestor submitted documentation that indicates that their charges were fair and reasonable in the form of redacted EOBs from other carriers. The requestor submitted EOBS that do not identify what DME item is being billed and no corresponding HCFAs to show the DME is the same as what is in dispute. Therefore based on this information submitted by the requestor, additional reimbursement is not recommend.

DME code A4556 in the amount of \$270.00 was denied, as above. Rule 133.307(g)(3)(D) requires the requestor to discuss, demonstrate, and justify that the payment amount being sought is fair and reasonable. The respondent reimbursed the requestor \$85.00, leaving \$170.00 in dispute. The requestor submitted documentation that indicates that their charges were fair and reasonable in the form of redacted EOBs from other carriers. The requestor submitted EOBS that do not identify what DME item is being billed and no corresponding HCFAs to show the DME is the same as what is in dispute. Therefore based on this information submitted by the requestor, additional reimbursement is not recommend.

III. FINDINGS & DECISION

The above Findings, Decision and Order are hereby issued this 17th day of December 2003.

Michael Bucklin
Medical Dispute Resolution Officer
Medical Review Division

MB/mb